APPLICATION FORM COMMERCIAL USE AUTHORIZATION

U.S. DEPARTMENT OF THE INTERIOR



National Park Service Channel Islands National Park Attention: Concessions Program 1901 Spinnaker Drive Ventura, CA 93001 805/658-5706

(Please type or print in ink. Answer all questions completely and mark "N/A" if not applicable.)

Application Form

IMPORTANT: Before completing this application, please refer to "IV. Approved Commercial Visitor Services" located on pages 4-5 of the Instruction Guide to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact the park at 805/658-5706.

For which year(s) is the Commercial Use Authorization (CUA) being requested?

Applicant (Legal Business Name)		
What is your Business Type (Check a	pplicable box and fill in any applicable blank	s):
A. Sole Proprietor		
B. Corporation: (State:	Entity Number)
C. Non-Profit (Please attach a cop		
D. Partnership/Association. Print		
partners, please attach a complete lis		
(Name)
(Name	V.)
E. Other (Specify)		

Note: If the business is a non-profit (within the terms of the Internal Revenue Code, as determined by the IRS) that will not derive taxable income from the authorized use, then you are not required to obtain a CUA. However, a non-profit organization must state in writing to the Superintendent that the organization will derive no taxable income from the authorized use and, if requested, must further substantiate this statement to the satisfaction of the Superintendent. Non-profit entities may

be required to obtain a Special Use Permit for their activity even if they are not required to obtain a CUA. Please contact the park for additional information concerning this issue.

(3)	Mailing Addresses:				
	Address:City, State, Zip				
	Email:				
	Internet web site:				
	Day Phone:Evening Phone:				
	Fax:				
(4)	Your Tax Identification Number:				
(5)	Provide the name(s) of the registered agent for service of process for the Applicant (if applicable):				
(6)	(a) Is the Applicant (including any officer, principal, partner or employee of the Applicant) employed by the National Park Service? □Yes □ No. If Yes, complete below:				
	Title				
	Park / Office where employed				
	(b) Does the Applicant (including any officer, principal, partner or employee of the Applicant) have any spouse or minor children employed with the National Park Service? ☐ Yes ☐ No If Yes,				
	Title				
	Park / Office where employed				
(7)	Does the Applicant have a current business license issued by the city or county in which the Applicant is located? Yes No If Yes, complete the following and attach a copy of the current business license:				
	Business License Number: Issued by:				
	Effective date: Expiration date:				
	If No, explain why:				
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(8)	Names of employees who will work under the authority of the CUA, if issued:				
	Names: Titles or Position: (e.g. Guide, Pilot, Boat Operator, Driver, etc)				

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(9)	If applicable - Provide Vessel description and specifications.
	If applicable - Provide current US Coast Guard inspection certification for passenger carrying vessel.
	If applicable - Provide current US Coast Guard licenses for Captain and crew.
(10)	Has the Applicant (current entity), parent company, any of the principals of the Applicant (whether as a principal or employee of the company or otherwise), or any of your current or proposed employees at any time in the last five years been convicted of or forfeited collateral for any violations of any state, Federal, or local law or regulation? \Box Yes \Box No. If "yes", give a description of each alleged violation. Attach additional sheets if necessary.
	Date of Violation:
	Place of Violation?
	Who is the Charge against?
	Who made the Charge(s)?
	Provide Details of charge(s)?
	Current Status:
(11)	Accident History. Detail any accidents within the last five years that resulted in damages and/or claims to persons, property or the environment of \$1,000 or more that were brought against the Applicant (current entity, parent company, any of the principals of the company (whether as a principal or employee of the company or otherwise), or any of your current or proposed employees. List each accident and give the name of the person, date and place of occurrence, a copy of any relevant accident or incident reports, and explain what actions were taken to prevent the accident from being repeated in the future. If none, so state.
(12)	SELECTING YOUR COMMERCIAL VISITOR SERVICE
	Complete the appropriate Appendix specific to your service and attach to this application. Issuance of any CUA is subject to terms and conditions, which must be accepted in writing by the CUA holder. The terms and conditions applicable to each of the various types of commercial service for which CUAs may be issued are included in the draft CUA for the approved commercial service for which the Applicant is applying. Copies of these draft CUAs are available at [describe where]. Applicants must agree in advance, as part of their application, to accept (if the CUA is issued) the terms and conditions applicable to the CUA for which the

applicant is applying. Applicants should carefully review these terms and conditions, as they set out the CUA holder's rights and obligations in the event that a CUA is issued. Among other things, CUA holders are required to carry specified types and levels of insurance and to indemnify and hold harmless the United States from liabilities in connection with the CUA. Applicants must accept any issued CUA in writing no later than thirty working days after that

CUA is issued by the National Park Service.

(13) The Applicant's signature set forth below indicates (1) the person signing the Application has the authority to commit the Applicant to all the provisions of the draft CUA for the activity being applied form and any proposals made in the Application; (2) the Applicant agrees to comply with all of the terms and conditions of the Draft CUA as attached hereto; (3) the Applicant certifies the information furnished in the Application is complete, true and correct and recognizes that false statements may subject the Applicant to criminal penalties under 18 U.S.C. 1001 and may be grounds for denial or revocation of the CUA. The NPS will review the entire Application Form, Appendix, and any other attachments to determine whether your application accepts without condition the terms and conditions of this Draft CUA. If not, your application may be rejected without further consideration.

By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.

Signature	 Printed Name	Date
Title	 	

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